

City of San José

Department of Planning, Building and Code Enforcement
Code Enforcement Division
Tobacco Retail License Application
(408) 535-7770

Check the appropriate <u>Business Status</u> and ensure <u>all required documentation is attached to this application.</u>

<u>Applications received without the required documentation will be considered incomplete.</u>

☐ Individual Business Application Requirem	nents	y
Owners Complete Legal Name (Last/First/M.I)		,
Any and all Aliases Pern	nit # (Listed on Invoice)	
Legal Business NameBusiness Address		
Residence Address City (Post Office Boxes Not Acceptable) Residence Phone	StateZip Code	e
Prior Residence Address (if not at current address for three	or more Years)	· · · · · · · ·
Date of Birth Drivers License No	Issuing State	
Person Authorized to Accept Service of Process on Behalf of Name: Phone NoAddress		* .
Has any previous City or State Permit been denied, suspend If so, provide the reasons and business activities		
Individual Application Attachment Check List: (ALL Copy of Valid Government Issued Photo Identification Copy of all Valid City, State and Federal Business Permit Copy of Lease or Contract Payment to the City of San Jose TRL Program, in the amenvelope Note: Application and Payment are submitted in t	ard or Valid Drivers License is and Licenses nount of \$ 437,00 mailed with Invoice in the	<u>BLUE</u> payment
I authorize the City of San Jose to investigate and validate the statements set forth in this application	Sign and date ALL of the boxes below.	
	(Signature of Applicant)	Date
Pursuant to Section 6.87.440 I hereby agree to fully indemnify, defend and hold harmless the city, its officers, employees and agents for all claims, losses, or liabilities that arise out of the issuance or use of the tobacco retail license or exemption, or that arise out of any sale, distribution, transfer or use of tobacco products or tobacco paraphernalia	(Signature of Applicant)	Date
I understand and agree all persons signing and required to signed pursuant to SJMC 6.87.440 are bound by the terms of any Tobacco Retail License Issued and shall be liable for any violation of this license	(Signature of Applicant)	Date
I certify under penalty of perjury that the information provided in the application is true and correct and by applying for the tobacco retail license I shall be deemed the licensee under the tobacco retail license as a result of the submission of the application.	(Signature of Applicant)	Date

Partnership Business Application Requirements – CSJ TRL				
(Check the Applicable Partnership Type) General Limited Partn	ership	35		
Complete Legal Partnership Name	Permit # (Listed on Invoice)			
Legal Business Name Business Address	Business Phone			
Person Authorized to Accept Service of Process on Behalf of the Busine	ss (If different from Applicant):			
Name: Phone No Address				
	•	tach additional		
List of Partners (Any Person having an ownership interest in the busine sheets):	ss of more than 10%. If more than three, at	taçıı auditionai		
Partner 1 - Full Legal Name (Last/First/M.I)	Issuing State			
Residence Address City City	State Zip Code	We yet		
(Post Office Boxes Not Acceptable)				
Prior Residence Address (if not at Current Address for three or more Ye	ears)			
Partner 2 - Full Legal Name (Last/First/M.I)				
Date of Birth Drivers License No	Issuing State			
Partner 2 - Full Legal Name (Last/First/M.I) Date of Birth Drivers License No Residence Address City (Post Office Boxes Not Acceptable)	zip code			
Prior Residence Address (if not at Current Address for three or more Ye	ars)			
Partner 2 - Full Legal Name (Last/First/MI)	w			
Partner 3 - Full Legal Name (Last/First/M.I)	Issuing State	•		
Residence Address City	StateZip Code			
(Post Office Boxes Not Acceptable) Prior Residence Address (if not at Current Address for three or more Ye		~		
Has any previous City or State Permit been denied, suspended or revok	ed?			
If so, provide the reasons and business activities		- -		
Partnership Application Attachment Check List: (ALL items list		aited Dartners		
Copy of Valid Government Issued Photo Identification Card or Valid having an ownership interest in the business of more than 10%?	Drivers License for each Partner including in	illed Partilers		
Copy of Partnership Agreement (if any)				
If more than three Partners, did you attach additional sheets showing	ng required Partner information?			
Copy of all Valid City, State and Federal Business Permits and Licens Copy of Lease or Contract	ees .			
Payment to the City of San Jose TRL Program, in the amount	of \$437.00 mailed with Invoice in the	BLUE payment		
envelope Note: Application and Payment are submitted in two s	eparate envelopes.	Lave		
I authorize the City of San Jose to investigate and validate the	Sign and date ALL of the boxes be	low.		
statements set forth in this application				
Pursuant to Section 6.87.440 I hereby agree to fully indemnify,	(Cinnahuma of Doubourd)	· Data		
defend and hold harmless the city, its officers, employees and agents for all claims, losses, or liabilities that arise out of the issuance or use	(Signature of Partner 1)	Date		
of the tobacco retail license or exemption, or that arise out of any		*		
sale, distribution, transfer or use of tobacco products or tobacco	· ·			
paraphernalia I understand and agree all persons signing and required to signed	(Signature of Partner 2)	Date		
pursuant to SJMC 6.87.440 are bound by the terms of any Tobacco	(-,5,,			
Retail License Issued and shall be liable for any violation of this				
license	(Signature of Partner 3)	Date		
I certify under penalty of perjury that the information provided in the application is true and correct and by applying for the tobacco retail				
license I shall be deemed the licensee under the tobacco retail license	If more than three partners, attach additio	nal sheets		
as a result of the submission of the application.		7337		

Corporation Business Application Requirements— CSJ TRL				
(Check the Applicable Corporation Type) ☐ Closely Held ☐ C				
Complete Corporate Name	Permit # (Listed	d on Invoice)		
(As set forth in the Articles of Incorporation) Legal Business Name Business Address	Business Phone	,		
Name of the Registered Corporate Agent for Service of Process:				
Name: Phone No Address	· · · · · · · · · · · · · · · · · · ·			
List of Names and Capacity of all Officers, Directors and Principal Ownersheets with the required information or attach Articles of Incorporation		e spaces are needed,	attach additional	
Indicate Stockholder Officer Director Full Legal Name (Last/First/M.I) Residence Address City		7	,	
Residence AddressCityCityCity	State	Zip Code	<u> </u>	
Prior Residence Address (if not at Current Address for three or more Ye Date of Birth Drivers License No	ears) State	· · · · · · · · · · · · · · · · · · ·		
Indicate Stockholder Officer Director Full Legal Name (Last/First/M.I)				
Full Legal Name (Last/First/M.I)	State	Zip Code		
(Post Office Boxes Not Acceptable)				
Prior Residence Address (if not at Current Address for three or more Ye Date of Birth Drivers License No	State			
Indicate ☐ Stockholder ☐ Officer ☐ Director Full Legal Name (Last/First/M.I)			er .	
Residence Address City City	State	Zip Code	70 	
(Post Office Boxes Not Acceptable) Prior Residence Address (if not at Current Address for three or more Ye	*			
Date of Birth Drivers License No	State			
Has any previous City or State Permit been denied, suspended or revok If so, provide the reasons and business activities	ced? Yes 1	Vo	_	
Corporation Application Attachment Check List: (ALL items lis	sted below must b	e returned.)	-	
☐ Copy of Valid Government Issued Photo Identification Card or Valid having an ownership interest in the business of more than 10% ☐ Copy of Articles of Incorporation			mited Partners	
If more than three Partners, did you attach additional sheets showing Copy of all Valid City, State and Federal Business Permits and License	ng required Partner inf ses	formation?	Ŧ	
☐ Copy of Lease or Contract☐ Evidence of good standing with State of California (If not a Closely I				
Payment to the City of San Jose TRL Program, in the amount		d with Invoice in the	BLUE payment	
envelope Note: Application and Payment are submitted <u>in two s</u> Sign and Date the Following:	eparate envelopes.			
I authorize the City of San Jose to investigate and validate the statements	Following must be si	igned as indicated:		
set forth in this application				
Pursuant to Section 6.87.440 I hereby agree to fully indemnify, defend				
and hold harmless the city, its officers, employees and agents for all claims, losses, or liabilities that arise out of the issuance or use of the	(Signature of Chairp President or Vice Pre		Date	
tobacco retail license or exemption, or that arise out of any sale, distribution, transfer or use of tobacco products or tobacco paraphernalia	Trestaette of Vice Fie	Solderie		
I understand and agree all persons signing and required to signed		¥ .		
pursuant to SJMC 6.87.440 are bound by the terms of any Tobacco Retail License Issued and shall be liable for any violation of this license	(Signature of Secreta		Date	
I certify under penalty of perjury that the information provided in the	Assistant Secretary, Treasurer)	CFO or Assistant		
application is true and correct and by applying for the tobacco retail license I shall be deemed the licensee under the tobacco retail license as		2		
a result of the submission of the application.	,	9		

	 	
Limited Liability Company Application Required (Check the Applicable Company Type) Member Managed Mana	uirements— CSJ TRL	
	aged by Mangel	
Complete Legal Company Name(As set forth in the Articles of Organization) Pe	ermit # (Listed on Invoice)	
Name of the Registered Corporate Agent for Service of Process: Name: Phone No Address	e.	
List of Names of all Managers and Members (If more than three space information or attach Articles of Organization):	es are needed, <u>attach additional sheets wi</u>	th the required
Indicate Manager Member Full Legal Name (Last/First/M.I)		
Full Legal Name (Last/First/M.I)		
Date of Birth Drivers License No	State	
Indicate Manager Member Full Legal Name (Last/First/M.I)		
Full Legal Name (Last/First/M.I)CityCityCost Office Boxes Not Acceptable)	StateZip Code	
Prior Residence Address (if not at Current Address for three or more You Date of Birth Drivers License No	ears)	
Indicate	16	
Full Legal Name (Last/First/M.I)	StateZip Code	
(Post Office Boxes Not Acceptable) Prior Residence Address (if not at Current Address for three or more You Date of Birth Drivers License No	ears)	• • •
Has any previous City or State Permit been denied, suspended or revol If so, provide the reasons and business activities	xed? Yes No	<u>.</u> .
		
Limited Liability Complany Application Attachment Check List:	(ALL items listed below must be	returned.)
☐ Copy of Valid Government Issued Photo Identification Card or Valid ☐ Copy of Articles of Organization	Drivers License for each Member or Mana	ger
If more than three Partners, did you attach additional sheets showing	ng required Partner information?	
☐ Copy of all Valid City, State and Federal Business Permits and Licent ☐ Copy of Lease or Contract	ses .	
Evidence of good standing with State of California (If not a Closely I	Held Corporation)	
Payment to the City of San Jose TRL Program, in the amount envelope Note: Application and Payment are submitted in two s	t of \$ 437.00 mailed with Invoice in the	he <u>BLUE</u> payment
Sign and Date the Following:	eparate envelopes.	· · · · · · · · · · · · · · · · · · ·
I authorize the City of San Jose to investigate and validate the statements set forth in this application	Following <u>must be</u> signed by each member Authorized by the Articles of Organization Agreement to bind the Company:	
Pursuant to Section 6.87.440 I hereby agree to fully indemnify, defend		
and hold harmless the city, its officers, employees and agents for all claims, losses, or liabilities that arise out of the issuance or use of the tobacco retail license or exemption, or that arise out of any sale,	Authorized Signature(s)	Date
distribution, transfer or use of tobacco products or tobacco paraphernalia I understand and agree all persons signing and required to signed pursuant to SJMC 6.87.440 are bound by the terms of any Tobacco Retail	Authorized Signature(s)	Date
License Issued and shall be liable for any violation of this license I certify under penalty of perjury that the information provided in the	Authorized Signature(s)	Date
application is true and correct and by applying for the tobacco retail	7 3	
license I shall be deemed the licensee under the tobacco retail license as a result of the submission of the application.	Authorized Signature(s)	Date
x		